

October 24, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1180.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery.

Clinical History:

The patient is a 29-year-old female who suffered an injury on ____, resulting in persistent back pain. An MRI on 11/16/01, revealed an L2-3 normal level and L3-4, L4-5 and L5-S1 disc desiccation and disc protrusions without nerve root impingement. Discography on 06/18/02, revealed an L2-3 normal level, with positive discograms at L3-4, L4-5 and L5-S1.

Disputed Services:

IDET procedure at L3-4, L4-5 and L5-S1.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the above-named procedure is not medically necessary in this case.

Rationale for Decision:

The current recommendations for IDET are still controversial and unproven over a great length of time. They have classically been limited to one or, at most, two levels. The literature presently has no support for the performance of a three-level IDET procedure.

The reviewer references the inclusion criteria for a paper by Michael Karasek, M.D. and Nikolai Bogduk, M.D., in *Spine*, October 2000. While there are seven patients listed in a recent paper by the Saal brothers, *Spine*, Vol. 27, No. 9, 2002, the documentation on the scores on these patients is very poorly reported in this paper.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 24, 2002.

Sincerely,